PATENT APPLICATION FEE DETERMINATION RECO									Application or Docket Number				mber		
Effective October 1, 2003									124795-1004						
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY				
TOTAL CLAIMS			a			·		RATE		FEE	ַר ר	RATE	FEE		
FOR			NUMBER FILED		NUM	——————————————————————————————————————		BASIC F	-+	385.00	OR		+		
TOTAL CHARGEABLE CLAIMS			Q minus 20=		·	Ø		XS 9:			OR	X\$18=			
INDEPENDENT CLAIMS			3 minus 3 =		œ			X43=		•	OR	X86=			
M	ULTIPLE DEPE	NDENT CLAIM	PRESENT				+145=				OR	+290=			
• !	f the difference	e in column 1 is	less than :	less than zero, enter "0" in column 2			i	TOTAL	1		OR	TOTAL			
CLAIMS AS AMENDED - PART II									•			OTHER	THAN		
(Column 1) (Column 2) (Column 3)								SMAL	L E	YTITY	OR	SMALL	ENTITY		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	ER USLY	PRESENT EXTRA		RATE		ADDI- TONAL FEE		RATE	ADDI- TIONAL FEE		
	Total	. 6	Minus	- 0	20	is /		X\$ 9=	T	7	OR	X\$18=			
	Independent	. 3	Minus	3	<u> </u>	=/	lſ	X43=		7	OR	X86=	/		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					/	\	+145=		/	OR	+290=	/			
							L	TOTA			OR	TOTAL	-/-		
ADDIT FEE(Column 1) (Column 2) (Column 3)										, - , - ,	NDDIT. FEE				
ENT 8		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOU PAID F	ER USLY	PRESENT EXTRA		RATE	Π	ADDI- IONAL FEE		RATE	ADDI- TIONAL FEE		
AMENDMENT	Total	•	Minus	••	•	•		X\$ 9=	T.		OR	X\$18=			
	Independent FIRST PRESE	* NTATION OF MIL	Minus N TIPLE DE	PENDENT (T AIM			X43=			OR	X86=	·		
				CHECKY				+145=			OR	+290=			
	·								1		OR .	TOTAL DOT, FEE			
		(Column 1)	~L	DOIT. FEE				UUII. FEEL	-						
MEN		CLAIMS REMAINING AFTER AMENDMENT		(Column HIGHE! NUMBE PREVIOU PAID FO	ST SLY	PRESENT - EXTRA	ſ	RATE	TIC	DDI- ONAL	ſ	RATE	ADDI- TIONAL		
	Total	•	Minus	**	<u> </u>		 	X\$ 9=	-	EE_	_ }	X\$18=	FEE		
	Independent	•	Minus			•	┡		_)A	V9192			
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						L	X43=	L) AC	X86=			
• If the entry in column 1 is less than the entry in column 2, write 'V' in column 3.															
-11	the "Highest Nurs The "Highest Nurs	ibit of west tright of ther Previously Pai ther Previously Paid ter Previously Paid	M For IN THIS M For IN THIS	S SPACE IS NO	es than	20, enter "20."		TOTAL DIT. FEE in the ap				TOTAL DOTT, FEE	日		